



## Lifts, Tows, and Permanent Amusement Rides Plan Review Application

-Complete all pages-

**NOTE:** Personal information you provide may be used for secondary purposes  
[Privacy Law s. 15.04(1)(m), Stats.]

Department of Safety and Professional Services  
Division of Industry Services  
1400 E Washington Ave 53703  
PO Box 7302  
Madison WI 53707-7302  
608-266-3151 TTY: Contact Through Relay

This form may be used for fax appointments. Indicate date plans will be our office:

Email scheduling: [DspsSbPlanSchedule@wi.gov](mailto:DspsSbPlanSchedule@wi.gov)  
Toll free fax number (877) 840-9172

<b>1. Complete for <u>confirmed</u> appointments*</b>		For next available appointment, plan status checks, see our website at <a href="http://dsps.wi.gov/Plan-Review/Availability-Calendar/">http://dsps.wi.gov/Plan-Review/Availability-Calendar/</a>		
Transaction ID:		*Plans <u>must be received</u> in the office of the appointment no later than <u>two working days</u> before the confirmed appointment.		
Previous Related Trans. ID:				
Assigned Reviewer:				
Assigned Office:				
Review State Date*:				
Submittal Type:	<input type="checkbox"/> New <input type="checkbox"/> Alteration	Ride Type:	<input type="checkbox"/> Permanent <input type="checkbox"/> Portable	
<b>2. Project Information</b> – Fill in all known information		Review Requested:	Fee:	Fee Calculation (Enter pertinent fees from fee column and total)
Project/Site Name:		<input type="checkbox"/> Class 1 Permanent Amusement Ride	\$280	
Ride or lift name/designation		<input type="checkbox"/> Class 2 Permanent Amusement Ride	\$280	
Number & Street		<input type="checkbox"/> Modified Amusement Ride	\$280	
County	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of	<input type="checkbox"/> Gondola lift and rides	\$780	
<b>3. Mailing Information</b>		<input type="checkbox"/> Chair lifts and rides	\$580	
<input type="checkbox"/> Call Customer 1, 2, 3 (circle number)*		<input type="checkbox"/> Surface tows, except fiber and wire rope tows	\$390	
<input type="checkbox"/> Mail plans to customer 1, 2, 3 (circle number)		<input type="checkbox"/> Fiber and rope tows and conveyors	\$260	
<input type="checkbox"/> Requesting party will pick up * Refers to customer listed below			Total Fee	
Complete the following customer information in the boxes below.				
<b>(Customer 1) Designer Information</b> (Person who stamped the plan)		<b>(Customer 2) Owner Information</b>		
First Name:	Last Name Customer No.	First Name:	Last Name Customer No.	
Company Name:		Company Name:		
Address:		Address:		
City:	State: Zip+4 (9 digits)	City:	State: Zip+4 (9 digits)	
Phone Number (area code)		Phone Number (area code)		
Email:		Email:		
<b>(Customer 3) Other, Please Specify</b>		<b>Make checks payable to Industry Services Division</b>		
First Name	Last Name Customer Number			
Company Name:				
Address:	City: State Zip+4			
Phone Number (area code)				
Email:		Total amount due \$ (From above)		

#### 4. Appointment Scheduling Information

For your convenience we have installed a 24 hour, toll free number dedicated to receiving fax plan review appointment requests only. The number is 877-840-9172. You will receive a confirmation letter back with an appointment date, transaction ID number and the name of the assigned reviewer. You may email the request to [DspsSbPlanSchedule@wi.gov](mailto:DspsSbPlanSchedule@wi.gov). Plans must be received in the office of the appointment no later than two working days before the confirmed appointment. Unscheduled submittals or submittals received without a confirmed appointment date and transaction number on the form may be assigned to offices other than the receiving office depending on reviewer availability.. You may email technical code questions to [DspsSbHealthandSafetyTech@wi.gov](mailto:DspsSbHealthandSafetyTech@wi.gov). More Industry Services (forms, codes, staff, etc) are on the internet: <http://dsps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/>.

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**Plan submittal for amusement rides shall include all of the following:**

- 1) Completed plan approval application form and appropriate review fees
- 2) At least three complete sets of plans or one complete set of plans and two index sheets submitted for review and approval
- 3) Plans shall contain all of the following:
  - Name of owner,
  - Address of amusement ride,
  - Name, seal and signature of Wisconsin professional engineer or the name of the person who prepared the plans on the title sheet,
  - Plot plan showing location of amusement ride with respect to property lines, adjoining streets, alleys, electrical transmission lines and other hazards, and any other buildings or structures on the site,
  - Floor plans or layout of each floor of the ride if applicable and floor plans of building if ride is located within a structure,
  - Elevation views containing information of exterior appearance of amusement ride,
  - Sections and details clarifying the ride design,
  - Structural data including structural calculations, soil bearing capacities, live loads and itemized dead loads, unit stresses for structural materials,
  - Structural plans including footing and foundation plans, anchor bolt layouts, connection details, framing plans, etc.,
  - Plans indicating access to, egress from, and passageways through amusement ride as applicable, and
  - Other applicable requirements within SPS 334.

**Plan submittal for lift, tows shall include all of the following:**

- 1) A completed plan approval application form with the appropriate review fees
- 2) Three sets of clear, legible and permanent copies of plans and one copy of specifications shall be submitted for review
- 3) Plans shall include the following as applicable to the system:
  - Name of owner and location of system,
  - Name and address of system designer,
    - Plot plan showing location of system with respect to property lines, adjoining streets, alleys, electrical transmission lines and other hazards, and any other buildings or structures on the site,
  - Site plan and profile map showing location of towers, power units, counterweights, and pits as applicable,
  - Clearances of towers, system path, and counterweights, and
  - Details of construction mountings, foundations, and supports, sheave assemblies and carriages:
  - Footing and foundation and anchorage block (if applicable) sizes, reinforcement sizes, locations, depths below grade, and strengths, etc.,
  - Drive station terminal, return station terminal, and tower framing including columns, cross arm, braces, beams/headers, base plates and connection details, strengths, materials used, sizes, dimension of components, etc.,
  - Location, design and connection details of tow handles to the "haul rope, if applicable,
  - Sheave and carriage anchorage and connections, and
  - Plans and structural calculations correspond to one another.
- 4) Structural data including structural calculations, soil bearing capacities, live loads & itemized dead loads, unit stresses for structural materials, wire rope strengths and capacities.

**Please note:** The department may request additional information be provided in order to determine the adequacy of the design of the amusement ride, tramway, lift or tow.

**Please Note:** See SPS Table 202.12-2 for inspection fees for passenger ropeways